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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION	OMBPGT Rev. 0100	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	C 2861 PCT/US																																																												
			First Named Inventor	Heinz MUELLER																																																												
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<p>As a below named inventor, I hereby declare that: My residence, past office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p>EMULSIFIERS FOR DRILLING FLUIDS</p> <p>(Title of the Invention)</p> <p>the specification of which</p> <p><input type="checkbox"/> is attached hereto</p> <p>OR</p> <p><input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) 10/15/2004 as United States Application Number or PCT International</p> <p>Application Number PCT/EP2004/011623 and was amended on (MM/DD/YYYY) _____ (if applicable)</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.</p> <p>I hereby claim foreign priority benefits under Title 35, United States Code §119(e)(1) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(b) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.</p> <table border="1"><thead><tr><th>Prior Foreign Application Number(s)</th><th>Country</th><th>Foreign Filing Date (MM/DD/YYYY)</th><th>Priority Not Claimed</th><th colspan="2">Certified Copy Attached?</th></tr><tr><th></th><th></th><th></th><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>103 49 807.9</td><td>DE</td><td>10/24/2003</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table> <p><input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.</p> <p>I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.</p> <table border="1"><thead><tr><th>Application Number(s)</th><th>Filing Date (MM/DD/YYYY)</th><th rowspan="2"><input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>						Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?						YES	NO	103 49 807.9	DE	10/24/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.		
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DECLARATION				Page 2	
<small>I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §3682 of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.55 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</small>					
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)		
	PCT/EP2004/011623	10/15/2004			
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.					
<small>As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.</small>					
<input checked="" type="checkbox"/> Firm Name 23657 Customer Number or label 					
<input type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below.					
Name	Registration Number	Name	Registration Number		
<input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.					
Please direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or label 23657 OR <input type="checkbox"/> Fill in correspondence address below					
Name					
Address					
Address					
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Country	Telephone		Fax		
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>					
Name of Sole or First Inventor: <input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Hainz	Middle Initial		Family Name	MUELLER
Inventor's Signature				Date	
Residence: City	Mannheim	State		Country	Germany
Post Office Address	Sperberstrasse 5				
Post Office Address					
City	40789 Mannheim	State		Zip	
		Country	Germany	Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto					

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Nadja	Middle Initial		Family Name	HERZOG	Suffix e.g. Jr.	
Inventor's Signature				Date			
Residence: City		Korschenbroich		State			
				Country		Germany	
Post Office Address		Nordstrasse 58					
Post Office Address							
City		41352 Korschenbroich		State			
				Zip			
				Country		Germany	
				Applicant Authority			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Jens	Middle Initial		Family Name	HARTMANN	Suffix e.g. Jr.	
Inventor's Signature				Date			
Residence: City		Bidenja		State			
				Country		Malta	
Post Office Address		Park Lodge Nr. 2, Bidenja Road, MST 13					
Post Office Address							
City		Bidenja		State			
				Zip			
				Country		Malta	
				Applicant Authority			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature				Date			
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				Zip			
				Country			
				Applicant Authority			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature				Date			
Residence: City				State			
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